

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003349

FILED
Feb 18, 2008
Secretary of State

Entity Name: HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5955 T G LEE BLVD SUITE 300
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5955 T G LEE BLVD SUITE 300
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 59-3431330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC
5955 T G LEE BLVD SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BRAXTON, CARLA
Address: 14911 LAKE AZURE DR
City-St-Zip: ORLANDO, FL 32824

Title: DT () Delete
Name: GACULA, HELEN A
Address: 1212 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

Title: DP () Delete
Name: COLON, SAMUEL A
Address: 1338 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: MEANY, EVELYN A
Address: 644 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: DIAZ, AIDA
Address: 1342 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA FURLOW

RA

02/18/2008

Electronic Signature of Signing Officer or Director

_____ Date